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When a child is born, a certificate of birth must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	<u>117</u> State Index No. <u>488</u>
District of	<u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of		Co. Registrar No. <u>208</u>	Local Registrar's No. _____
or		(No. _____ St; _____ Ward)	
City of	<u>Globe</u>		
FULL NAME OF CHILD		<u>Dolores Rachel Summerfield</u>	Born <input checked="" type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Allive <input checked="" type="checkbox"/> NO
Sex of Child	<u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/> and <input type="checkbox"/> Number in order of birth _____ Legitimate? <input checked="" type="checkbox"/> Date of Birth <u>Aug 4</u> 191 <u>5</u>	(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name	<u>Samuel Summerfield</u>	Full Maiden Name	<u>Ester Melvin</u>
Residence	<u>Blake St</u>	Residence	<u>Dame</u>
Color or Race	<u>White</u>	Color or Race	<u>White</u>
Age at last Birthday	<u>34</u> (Years)	Age at last Birthday	<u>25</u> (Years)
Birthplace	<u>San Antonio, Texas</u>	Birthplace	<u>Eastland Co. Texas</u>
Occupation	<u>Labourer</u>	Occupation	<u>Housewife</u>
Number of child of this mother	<u>4</u>	Number of children, of this mother, now living	<u>4</u>
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 4</u> 191 <u>5</u> , at <u>2 P</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature)	<u>C. J. Sturgeon</u>
Given or christian name added from a supplemental report _____ 191_____		(Attending physician, midwife, householder. *)	
Address _____			
424-804-545		Filed <u>Aug 8</u> 191 <u>5</u>	<u>B. G. Fox</u>
COUNTY REGISTRAR.		Filed <u>Sept 4</u> 191 <u>5</u>	<u>B. G. Fox</u>
		True Copy	LOCAL REGISTRAR.
			COUNTY REGISTRAR.